

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1						51					
2		1					52					
3		2					53					
4		3					54					
5	1						55					
6		1					56					
7		1					57					
8		1					58					
9	1						59					
10		1					60					
11		1					61					
12	1						62					
13		1					63					
14		2					64					
15	1						65					
16	1						66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND	6						TOTAL IND					
TOTAL DEP	13						TOTAL DEP					
TOTAL CLAIMS	19						TOTAL CLAIMS					